

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Eyton Sanders  
14393 Washington Blvd  
University Heights, OH 44118

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

Agent  
 Addressee

B. Received by (Printed Name)

HERB THAYER

C. Date of Delivery

3-26-13

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7009 1680 0001 8448 3177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF  
UNITED STATES OF AMERICADEFENDANT  
\$88,267.00 U.S. CurrencyCOURT CASE NUMBER  
4:13CV00502 CAS

FILED

TYPE OF PROCESS  
Complaint & Notice APR - 4 2013SERVE  
ATNAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Eyton SandersU. S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUIS

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

14393 Washington Boulevard, University Heights, OH 44118-4676

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served  
with this Form - 285Attn: Milton C. McDaniel; Asset Forfeiture Unit  
Office of the United States Attorney  
111 South Tenth Street, 20th Floor  
St. Louis, Missouri 63102Number of parties to be served  
in this case

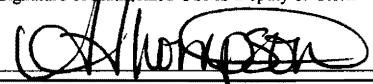
Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

13-DEA-574283

Signature of Attorney or other Originator requesting service on behalf of :  /s/ Julia M. Wright	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 314/539-7740	DATE March 22, 2013
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

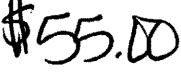
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. 1	District of Origin No. 44	District to Serve No. 44	Signature of Authorized USMS Deputy or Clerk 	Date 3/22/2013
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 	Time am pm
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Service Fee 	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 	Advance Deposits	Amount Owed to US Marshal or 	Amount or Refund
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REMARKS:



03/22/2013 Mailed Certified, Cert No: 7009 1680 0001 8448 3177